FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6) AND/OD

1440786
OMB APPROVAL
OMD Number: 2025 007

OMB Number:

Expires:

Estimated average burden hours per response.....16.00

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED
	1

08000	UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (f this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that Type of Filing: New Filing		ଆ ULOE ଓଟ୍ୟ Mall Processing Section
	A. BASIC IDENTIFICATION DATA	
I. Enter the information reque	sted about the issuer	JUL 2 Fülle
Name of Issuer (check if the AOINAGI KEN SHU KAI, LLC	is is an amendment and name has changed, and indicate change.)	Mashington, DC
Address of Executive Offices 1710 Somerset Ave., Cardiff	(Number and Street, City, State, Zip Code) , CA 92007	Telephone Number (Line) uding Area Code) 760-436-9256
Address of Principal Business Of (if different from Executive Office Same Brief Description of Business		Telephone Number (Including Area Code)
Traditional Martial Arts Train	ing	PROCESSED
Type of Business Organization corporation business trust	limited partnership, already formed other (t	JUL 2 5 2008
Actual or Estimated Date of Inco Jurisdiction of Incorporation or (Month Year rporation or Organization: 06 08 Actual Estin Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS
GENERAL INSTRUCTIONS		
Federal: <i>Who Must File:</i> All issuers makin 77d(6).	g an offering of securities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC	filed no later than 15 days after the first sale of securities in the offering) on the earlier of the date it is received by the SEC at the address given b s mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities selow or, if received at that address after the date on
Where To File: U.S. Securities a	nd Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
	of this notice must be filed with the SEC, one of which must be manualled copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Billimoria, Neville Business or Residence Address (Number and Street, City, State, Zip Code) 1710 Somerset Ave. Cardiff, CA 92007 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sedgwick-Billimoria, Barbara Business or Residence Address (Number and Street, City, State, Zip Code) 1710 Somerset Ave. Cardiff, CA 92007 Check Box(es) that Apply: Promoter P Beneficial Owner D Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Schwartz, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 8444 Via Sonoma #85, La Jolla, CA 92037 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

commission or similar remuneration for solicitation of purchasers in connection If a person to be listed is an associated person or agent of a broker or dealer regis or states, list the name of the broker or dealer. If more than five (5) persons to b a broker or dealer, you may set forth the information for that broker or dealer Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State. Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	id or given, directly or indirectly, any										
Answer also in Appendix, Column 2, if file 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?	id or given, directly or indirectly, any										
 What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be pair commission or similar remuneration for solicitation of purchasers in connection. If a person to be listed is an associated person or agent of a broker or dealer regist or states, list the name of the broker or dealer. If more than five (5) persons to be a broker or dealer, you may set forth the information for that broker or dealer. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 	yes No ☐ id or given, directly or indirectly, any										
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid commission or similar remuneration for solicitation of purchasers in connection If a person to be listed is an associated person or agent of a broker or dealer regis or states, list the name of the broker or dealer. If more than five (5) persons to be a broker or dealer, you may set forth the information for that broker or dealer. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 	Yes No If K id or given, directly or indirectly, any										
4. Enter the information requested for each person who has been or will be paid commission or similar remuneration for solicitation of purchasers in connection. If a person to be listed is an associated person or agent of a broker or dealer regis or states, list the name of the broker or dealer. If more than five (5) persons to be a broker or dealer, you may set forth the information for that broker or dealer. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	id or given, directly or indirectly, any										
commission or similar remuneration for solicitation of purchasers in connection If a person to be listed is an associated person or agent of a broker or dealer regis or states, list the name of the broker or dealer. If more than five (5) persons to b a broker or dealer, you may set forth the information for that broker or dealer Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											
N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											
(Check "All States" or check individual States)											
AL AK AZ AR CA CO CT D	All States										
	DE DC FL GA HI ID AD MA MI MN MS MO C ND OH OK OR PA										
	VA WA WV WI WY PR										
Full Name (Last name first, if individual) N/A											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of Associated Broker or Dealer											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											
(Check "All States" or check individual States)	All States										
AL AK AZ AR CA CO CT D	DE DC FL GA III ID										
	MD MA MI MN MS MO										
	NC ND OH OK OR PA VA WA WV WI WY PR										
RI SC SD TN TX UT VT V. Full Name (Last name first, if individual)	VA WA WV WI WY PR										
N/A											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of Associated Broker or Dealer											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											
(Check "All States" or check individual States)	All States										
AL AK AZ AR CA CO CT D IL IN IA KS KY LA ME M MT NE NV NH NJ NM NY NO RI SC SD TN TX UT VT V	DE DC FL GA (HI (D) AD MA MI MN MS MO										

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	s 0.00
	Equity		s 2,700.00
	✓ Common ☐ Preferred		-
	Convertible Securities (including warrants)	\$ 0.00	0.00 \$
	Partnership Interests		s 0.00
	Other (Specify)		s 0.00
	Total	\$ 2,700.00	\$ 2,700.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors		\$_2,700.00
	Total (for filings under Rule 504 only)	3	\$ 2,700.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$_0.00
	Regulation A		s_0.00_
	Rule 504	Interest	§_2,700.00
	Total		\$ 2,700.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ <u>0.00</u>
	Legal Fees		
	Accounting Fees		\$_0.00
	Engineering Fees		s 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$_0.00
	Total		\$ 0.00

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Que and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	ed gross	\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be a each of the purposes shown. If the amount for any purpose is not known, furnish an estim check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	ate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	s <u> </u>	□\$ <u>-</u> 5-
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment	<u>\</u> \$o	□\$ <u>~</u> 0
	Construction or leasing of plant buildings and facilities		_s_o-
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		— — s - o -
	Repayment of indebtedness		
	Working capital	_	s
	Other (specify):		Ts -0 -
			□s <u>-8-</u>
	Column Totals		s 0.00
	Total Payments Listed (column totals added)	_	- -
	D. FEDERAL SIGNATURE		
sig	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange to information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon writte	
	Suer (Print or Type) OINAGI KEN SHU KAI, LLC	Date Jul 9	08
Na	ame of Shner (Print of Type) Title of Signer (Print of Type) Will Blum HA Wood	1	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
١,	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law,
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

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Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

L	 			AP	PENDIX				
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	j	<u> </u>							
AK	,	7							
AZ		X				L			
AR		4							
CA	X		Common Inferest \$2700-			3	2700-		
СО		×							
СТ		X							
DE		X							
DC		X							
FL		X							<u></u>
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ні		X							
ID		X							
ΙL		X					_		
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IA	_	×							
KS		X							
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LA		X							
ME		\overline{x}							
MD		X							
MA		×							
МІ		X							
MN		X							
MS		X							

				APP	ENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		X					! 		
MT	· ·	X			į				
NE		X							
NV		X							
NH		X		,			<u>-</u> .		
NJ		X	1						
NM									
NY		_X							
NC		X							
ND		X							
ОН		X		<u></u>					
ОК									
OR		X_							
PA		\times							
RI		X							
sc		X		·					
SD		X							
TN		X _					_		
TX		X							
UT	_	X			- 				
VT		×							
VA		X							
WA		X							
wv		X							
WI		V						,	

				APP	ENDIX				
1		2	3		4				
 	to non-a	to sell accredited as in State s-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

